

DUTY STATUS FORM
Personal Data - Privacy Act of 1974 (PL93-5/9) Applies

From: Medical Officer, Naval Hospital, Cherry Point, NC 28533

Date: _____

To: Commanding Officer, _____
Unit name

Subj: _____
Name Rank SSN

Diagnosis: _____

1. The named individual has been evaluated and diagnosed with the condition listed above. It is recommended that the member be placed in the temporary duty status indicated below.
2. The member **MUST** report to their unit medical clinic or aid station for follow up and re-evaluation the next working day unless otherwise indicated below.

☐ **Full Duty**

☐ **Light Duty**

- ☐ No mess duty ☐ No food handling
☐ No prolonged standing for more than _____ minutes per hour.
☐ No field duty ☐ No heavy lifting greater than _____ Lbs.
☐ To be given time in daily schedule for the following:

☐ Dressing Changes ☐ Hot soaks ☐ Ice packs ☐ _____

☐ Other: _____ *

☐ **PFT Restrictions:** ☐ No sit ups ☐ No running ☐ No contact sports

☐ No pull ups ☐ No physical fitness training for _____ days. *

☐ **No Duty** – Individual placed SIQ for: ☐ 24 hours ☐ 48 hours ☐ 72 hours

Confined to quarters at bed rest except for meals as appropriate. No liberty or exchange privileges.

Note: Length of temporary excusal not to exceed 90 days except for maternity cases.

3. Follow Up

☐ Emergency Department ☐ Military Sick Call at 0700 ☐ Group Aid Station _____ at 0830

☐ 24 Hours ☐ 48 Hours ☐ 72 Hours ☐ 96 Hours

I understand and acknowledge that I must report at the appointed date and time for follow up care and re-evaluation. I understand that failure to appear at the proper date and time will result in unit notification.

Member's signature _____

_____ Date

Unit Medical Office Follow Up

- ☐ Continue Treatment Plan above
☐ Treatment Altered / Discontinued

Medical Officer Signature / Stamp

Unit Medical Officer Signature / Stamp

Original to: Member
CC: Unit CO
File